

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER:

10-519697

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
8			/					58					
9			/					59					
10			/					60					
11			/					61					
12			/					62					
13			/					63					
14			/					64					
15			/					65					
16			/					66					
17			/					67					
18			/					68					
19			/					69					
20			/					70					
21			/					71					
22			/					72					
23			/					73					
24			/					74					
25			/					75					
26			/					76					
27			/					77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3												
TOTAL DEP.	24												
	21												

Best Available Copy